

REQUEST NO. _____

STATEMENT OF DUTIES

NEW ☐ TRANSFERRED ☐ RECLASSIFICATION ☐ POSITION

DEPARTMENT OF MENTAL HEALTH

| | |
|----------------------|------------------------------------|
| No. of Positions: | Classification Title Requested: |
| _____ | _____ |

Organization Assignment (Complete through the applicable level):

- 1. Division Name: _____
- 2. DMH Cost Center: _____
- 3. Duties Station Assignment: _____
- 4. Title of Immediate Supervisor _____

Proposed Duties:

Justification: _____

Requestor's Name (Print) _____

Signature _____

Telephone Number _____

Date _____